

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: 9/19/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
4/1/17	GATEWAY ACCEPTANCE	\$250	CAR PAYMENT - Client has a baby with special needs and is not able to work until the baby's tracheostomy is removed.
AMOUNT TO BE REIMBURSED		\$250	

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: [Signature]

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

Gateway Acceptance

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Contract:

Vehicle:

V.I.N.

Payments: 17M @ \$250.00 & Last 1 @ \$109.92

Tag:

Lot:

Total Balance: \$1,591.90

Total Amt Due: \$0.00

Contractual Past Due:

Accrued interest:

Rem Deft Interest:

Prin Balance: \$1,591 90

Tax Paid: \$0.00

PayOff Amount:

Oldest Due:

Last Paid Date:

Next Due:

\$1,591.90

04/07/2017

04/13/2017

Start Balance: \$4,000.00

CD	Date	Amt Paid	Prin Pay	Int Paid	Amt Due	Past Due	Accrued	Fees	Payment Reference	Past	Prin Bal	Useid	Wet
LC	03/29/2017	0.00	0.00	0.00	0.00	275.88	0.00	12.50		9	1,827.38	JKAMINSKI	
PR	04/07/2017	275.88	235.48	14.52	0.00	0.00	0.00	-25.88	DB#		1,591.90	JKAMINSKI	
		2,848.36		341.90				0.00					
			2,408.10		2,750.00								

2,848.38

2,408.10

341.90

2,750.00

00:0